U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

CLASY				
1 File Number U 9/9/	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name RICHARD L DADDARIO	Name LABORERS LOCAL 322			
= =	Labor Organization File Number 015-089			
P O Box Bldg Room No If any	P O Box Building and Room Number if any 361			
Street 7281 CARRIAGE PARKWAY	Street 49 1/2 MAPLE STREET			
City LIVERPOOL	City MASSENA			
State New York ZIP Code + 4 13088	State New York ZIP Code +4 13662			
5 Position in labor organization BUSINESS MANAGER				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4				
Signature				
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief, true correct and complete (See the section on penalties in the instructions.)				
Signed	On 08/12/2005 315 769-8731 Telephone Number			
	Date (elephone number			

Name of Person Filing RICHARD DADDARIO		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name If any) Name NYS LABORERS COOPERATION AND EDUCATION TRUST Trade Name if any LECET P O Box Bidg Room No if any Street 18 CORPORATE WOODS BLVD City ALBANY State New York ZIP Code + 4 12211 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code + 4	9 Business deals with	ng ECTS AND JOBS II E ADVERTISES THI CE AND ADVANCES Le of such dealing	EIR SERVICES SHARED MARKET		
	12 b Amount		\$1 725		
O Breathant and any angle of the other	annual A cod D				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name LABORERS LOCAL 322 EDUCATION & TRAINING FUND	14 a Nature of payment REIMBURSED TRAVEL EDUCATIONAL FUNCT		AINING AND		
Trade Name If any					
P O Box Bldg Room No If any 361 Street 49 1/2 MAPLE STREET					
City MASSENA					
State New York ZIP Code + 4 13662					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		\$1 917		

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Name of Person Filing RICHARD DADDARIO	 File Number U	

Part C Continuation Page				
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name BONADIO GROUP	DINNER			
Trade Name If any				
P O Box Bldg Room No If any				
Street 171 SULLY S TRAIL				
City PITTSFORD				
State New York ZIP Code + 4 14534-4559				
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment \$125			
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name FAV CONSULTING	GOLF TOURNAMENT ENTRY FEE AND DINNER			
Trade Name if any				
P O Box Bldg Room No if any				
Street 218 VALLEY VIEW ROAD				
City NEW HARTFORD				
State New York ZIP Code + 4 13413				
13 b Is the Business an Employer or Consultant 2 ?	14 b Amount of payment \$101			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any				
P O Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

LABORERS' INTERNATIONAL UNION of North America

LOCAL NO. 322

P O BOX 361 49½ MAPLE STREET MASSENA NEW YORK 13662

August 12 2005

U S Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Ave NW Room N 5616 Washington DC 20210



PHONE 315 769-8731 FAX 315 769 8522

Re Form LM 30 Filing For Richard L, Daddario, LIUNA Local 322, Labor Organization File NO. 015 089

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM 30 for the 2004 reporting period. In filing this report. I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM 30 report to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstances. I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so. I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely

Richard L Daddari Business Manager